STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085002	A. BUILDING _____ B. WING _____	C 08/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW NURSING	2801 W. 6TH STREET WILMINGTON, DE 19805

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced annual/complaint survey was conducted at this facility from July 24, 2018 to August 1, 2018. The facility census the first day of the survey was 133. During this period, an Emergency Preparedness survey was also conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection in accordance with 42 CFR 483.73. For the Emergency Preparedness survey, no deficiencies were cited.	E 000		
F 000	INITIAL COMMENTS An unannounced annual/complaint survey was conducted at this facility from July 24, 2018 to August 1, 2018. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 133. The survey sample size was 43. Abbreviations/definitions in this report are as follows: ADON - Assistant Director of Nursing; Anticoagulant - medication that work to prevent the coagulation (clotting) of blood; Atrial Fibrillation - irregular and often rapid heart rate that commonly causes poor blood flow to the body OR irregular heart rhythm; CNA - Certified Nurse's Aide; Coumadin - an anticoagulant, used to treat or prevent clots in the veins, arteries, lungs, or heart; Dementia - a severe state of cognitive impairment	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/24/2018

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F 000	Continued From page 1 characterized by memory loss, difficulty with abstract thinking, and disorientation OR loss of mental functions such as memory and reasoning that is severe enough to interfere with a person's daily functioning; DON - Director of Nursing; Fracture - a broken bone; Immobility - state of not being able to move around; INR (International Normalized Ratio) - used to monitor the effectiveness of anticoagulant, such as Warfarin or Coumadin. Normal ranges 0.8 to 1.1 not on blood thinners, 2.0 to 3.0 on blood thinners; LPN - Licensed Practical Nurse; MAR- Medication Administration Record; MDS - Minimum Data Set (standardized assessment forms used in nursing homes); mg - milligram;unit if weight; NHA- Nursing Home Administrator; Pain Scale - 1-10. The most common scale for pain. The patient identifies their pain between one to ten, with ten being the worst pain imaginable and one being no pain at all; Patella - also known as the kneecap; PT (Prothrombin Time) - used to determine the clotting tendency of blood, in the measure of warfarin/coumadin dosage, liver damage, and vitamin K status. Normal range 9.5 to 13.5; RN - Registered Nurse; RNAC - Registered Nurse Assessment Coordinator; Seizure disorder - abnormal electrical activity in the brain causing repetitive muscle jerking; STAT - immediately.	F 000		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)	F 558		9/15/18

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F 558	Continued From page 2 §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide a reasonable accommodation of individual needs by failing to ensure the call bell was within reach for one (R112) out of 43 sampled residents. Findings include: Observation on 7/24/18 at 10:34 AM, revealed R112 lying in bed and stating that he was having pain. R112 said that he asked staff a while ago for pain medication and had not received it. The surveyor asked if R112 had pushed his call bell, and R112 tried to look for his call bell and could not find it. The call bell was observed to be out of R112's reach on the floor behind his bed. The surveyor then left the room and notified staff that R112 was having pain. Findings were reviewed with E1 (NHA) and E2 (DON) on 8/1/18 at approximately 4:45 PM.	F 558	1. R112 was given his call bell and his needs were attended to. 2. All residents have the potential to be affected by the deficient practice. A facility wide audit was completed to ensure all residents had their call bells within reach while in their rooms. No other issues identified. 3. Every resident will now have an order for C.N.A.'s to complete every 2 hour safety checks on each resident to include call bell placement and bed height appropriateness. All nursing staff will receive education regarding the new order and safety checks for residents. Education will be provided by the Staff Developer. 4. The DON/Designee will conduct 10 safety round audits per day to ensure safety interventions (call bell placement and bed height appropriateness) are in place until 100% compliance is maintained for 4 consecutive weeks. Then, the DON/Designee will complete 10 safety round audits per week until 100% compliance is maintained for 2 consecutive quarters. The results of the audits will be reported, reviewed and discussed in the monthly QAPI meeting by the IDT.	

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F 689	Continued From page 3	F 689		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, it was determined that for one (R104) out of 43 sampled residents, the facility failed to ensure that the resident environment remained as free of accident hazards as was possible. Findings include: Review of R104's clinical record revealed: R104 was admitted to the facility on 3/28/18 with diagnoses that included seizure disorder, immobility, and dementia. Review of R104's care plan revealed that starting on 3/30/18, R104 had the potential for falls related to immobility and dementia. The facility developed a care plan on 3/30/18 for the problem that R104 had the potential for seizure activity related to a seizure disorder. Interventions included to protect R104 from injury. Review of R104's 6/28/18 quarterly MDS revealed that R104 was totally dependent for bed mobility and transfers.	F 689	1. R104's bed height was adjusted to standard height. 2. A facility wide audit was completed to ensure all other residents had their bed positioned at the correct height. No other issues identified. 3. Every resident will now have an order for C.N.A.'s to complete every 2 hour safety checks on each resident to include call bell placement and bed height appropriateness. All nursing staff will receive education regarding the new order and safety checks for residents. Education will be provided by the Staff Developer. 4. The DON/Designee will conduct 10 safety round audits per day to ensure safety interventions (call bell placement and bed height appropriateness) are in place until 100% compliance is maintained for 4 consecutive weeks. Then, the DON/Designee will complete 10 safety round audits per week until 100% compliance is maintained for 2 consecutive quarters. The results of the audits will be reported, reviewed and	9/15/18

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F 689	Continued From page 4 On 7/24/18 at 8:40 AM, R104 was observed lying in bed with no side rails and no staff in the room. The height of R104's bed was elevated off the ground in a high position. During this observation, E5 (LPN) entered R104's room, provided care to R104's roommate, then quickly left the room without lowering R104's bed. During an observation on 7/30/18 at 2:44 PM, R104 was seen lying in bed with no side rails and he was leaning far over to the right side of his bed. The height of R104's bed was elevated off the ground in a high position, and there were no staff in the room. On 7/30/18 at 4:40 PM, R104 was observed lying in bed with no side rails and no staff in the room. The height of R104's bed was elevated off the ground in a high position. During an interview on 7/30/18 at 4:45 PM, E2 (DON) went with the surveyor to R104's room and observed R104 lying in bed with no side rails and no staff in the room. The height of R104's bed was elevated off the ground in a high position. E2 verified with E4 (RN Unit Manager) that R104 was unable to move his bed up and down by himself. E2 confirmed that for safety, R104's bed should not have been elevated that high when staff were not in the room providing care. The facility failed to ensure that R104's environment remained free of accident hazards, as evidenced by 3 different observations of R104 alone in his room with his bed at an elevated height. Findings were reviewed with E1 (NHA) and E2 on 8/1/18 at approximately 4:45 PM.	F 689	discussed in the monthly QAPI meeting by the IDT.	

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F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review, it was determined that for one (R32) out of 43 residents, the facility failed to ensure that the resident was free from any significant medication errors. R32 received three doses of Coumadin, an anticoagulant, at the wrong dose. Findings include: Review of R32's clinical record revealed: R32 was admitted to the facility on 2/2/18 with diagnoses that included atrial fibrillation and was receiving Coumadin therapy with changes per PT/INR results. On 3/22/18 at 5:48 PM, a progress note by E7 (RN) stated that R32 had a lab result of INR-1.41, PT-14.7 that was called to E8 (Medical Director). E8's order stated R32 was to receive Coumadin 11 mg tonight (3/22/18) and starting on 3/23/18, R32 was to receive Coumadin 10.5 mg. A repeat PT/INR was ordered to be drawn on 3/26/18. Review of R32's March 2018 MAR revealed that R32 received 11 mg of Coumadin on 3/23/18, 3/24/18 and 3/25/18, instead of the 10.5 mg of Coumadin that was ordered. The facility failed to ensure that R32 was free from any significant medication errors as evidenced by R32 receiving three incorrect doses of Coumadin.	F 760	1. DON reviewed medical record. Medical Director made aware of Medication Error when identified. 2. All residents receiving Coumadin had a review of their medical records to ensure correct Coumadin dosing. No other issues identified. 3. The facility will implement a 2 nurse verification system for all Coumadin orders. All nurses will receive education on the change in procedure. Education will be provided by the Staff Developer. 4. The DON/Designee will review all Coumadin orders daily in the morning meeting to ensure appropriate follow up on new medication and lab orders. The audits will be reviewed in the monthly QAPI meeting and reviewed by IDT until 100% compliance is achieved for 2 consecutive quarters.	9/15/18

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F 760	Continued From page 6 Findings were reviewed with E2 (DON) and E3 (ADON) on 8/1/18 at 4:30 PM.	F 760		
F 776 SS=D	Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii) §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R32) out of 43 sampled residents, the facility failed to ensure that a STAT x-ray result for R32 was received in a timely manner, in order to facilitate appropriate follow up care. Findings include: Review of R32's clinical record revealed: On 2/2/18, R32 was admitted to the facility with a diagnosis of the acquired absence of right leg below the knee. 2/9/18, R32's Admission MDS revealed that R32 was able to make consistent and reasonable	F 776	1. Medical Director and DON reviewed and discussed incident. 2. All residents who receive x-rays have the potential to be affected by the deficient practice. All x-rays obtained over the past month were reviewed to ensure timely follow up. 3. The facility implemented a protocol to contact the facility Medical Director for further direction. If STAT x-ray results have not been obtained within the 4 hour time frame as agreed upon in the contract between the vendor and the facility. All nurses will be educated on the new procedure by the Staff Developer.	9/15/18

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F 776	Continued From page 7 decisions and he needed limited assistance of one person for transfers. On 2/24/18 at 1:35 PM, a progress note stated that the floor nurse heard R32 calling for help, responded, and found R32 sitting on the floor in the bathroom. R32 told staff that he fell fell while trying to transfer himself from the wheelchair to the toilet, and he landed on his right knee. R32 reported right knee pain of 5 out of 10 (10 being the highest in intensity in a scale of 1 to 10). On 2/24/18 at 5:07 PM, a progress note stated that slight swelling was noted to R32's right knee, and that R32 reported pain of 10 out of 10. Pain medicaton was administered as ordered. The nurse practitioner was notified and gave an order for R32 to receive a STAT x-ray of the right knee. On 2/24/18 at 5:13 PM, an order was placed with the contracted mobile x-ray facility for a STAT x-ray of the right knee. On 2/24/18 at 7:15 PM, a progress note stated the x-ray was done and the results were pending. On 2/24/18 at 7:50 PM, a radiology report, signed by a radiologist, revealed that R32 had an acute fracture involving the right mid patella. The report was not called to or sent to the facility at that time. On 2/24/18 at 10:56 PM, a progress note stated that R32's x-ray of right knee was done and they were awaiting the result. On 2/25/18 at 1:05 AM, a progress note stated that the mobile x-ray facility had been called two times for R32's x-ray results, at 11:30 PM and at 1:00 AM, and they would fax the results	F 776	4. The DON/Designee will audit the turn around time between the exam order and results being received at the facility for all STAT x-rays ordered at the facility. The results of the audit will be reviewed and discussed by IDT at the monthly QI meeting. The audits will continue until 100% compliance is maintained for 2 consecutive quarters.	

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F 776	Continued From page 8 immediately. On 2/25/18 at 2:22 AM, a radiology report for R32's STAT right knee x-ray was received at the facility via FAX. On 2/25/18 at 7:10 AM, a progress note stated that results from R32's x-ray were received at 2:30 AM, which showed a fracture involving the right mid patella. The doctor on call was notified and advised the facility to send R32 to the hospital for further management. The ambulance arrived to pick up R32 at 3:00 AM and transported him to the hospital. On 8/1/18 at 2:26 PM, during an interview with a E6 (RN), E6 stated that the expectation for a stat x-ray was that the mobile x-ray facility would call in about an hour once the x-ray was read. The facility failed to obtain timely radiology services to meet the needs of R32, as evidenced by , the results of R32's STAT right knee x-ray were not received for approximately 6.5 hours after it was read and signed by the radiologist. Findings were discussed with E2 (DON) and E3 (ADON) on 8/1/18 at approximately 4:30 PM.	F 776		

Division of Health Care Quality
Office of Long Term Care
Residents Protection

(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Parkview Nursing and Rehab Center **DATE SURVEY COMPLETED: August 1, 2018**

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced annual and compliant survey was conducted at this facility from July 24, 2018 to August 1, 2018. The facility census the first day of the survey was 133. During this period, an Emergency Preparedness survey was also conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection in accordance with 42 CFR 483.73. For the Emergency Preparedness survey, no deficiencies were cited.		
3201	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.0	**Scope**		
3201.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.** **This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed August 1, 2018:** F558, F689, F760 and F776.	CROSS REFERENCE CMS 2567-L	9/15/18

ovider's Signature [signature] Title ATA Date 8/24/18